

of the sphenoid. Presumably this dental heterotopia was the cause of the trouble.

Six weeks later the lower jaw was removed by an incision running along its lower border from one angle to the other. The jaw, on account of its size, was removed piecemeal. On removing the symphysis, at its lower border, a canine tooth of the second dentition was found laying transversely in the bone.

The patient recovered rapidly from the effects of the operation, and at present, 14 months since the operation, there is no return of the disease.

A prothetic apparatus was devised by Prof. Michaels, of the school of dentistry, and by this means the patient is enabled to eat comfortably.—*Bull. de l'Acad. de Med.*, No. 2, 1890.

**III. The Obviation of Cicatricial Contraction of the Jaw by the Transplantation of a Skin Flap.** By DR. BROHL (Cologne). The unsuccessful treatment of cicatricial contraction of the jaw by division of the cicatrix and gradual dilatation of the contraction, as well as the poor results obtained by making an artificial articulation according to the plan of Esmarch and Rizzoli, had proven that the replacing of the cicatricial tissue by normal skin was the only method capable of producing a permanent cure.

Thiersch's method of skin-grafting cannot be used in these cases, and only flaps nourished by pedicles can be utilized. Excellent results were obtained by Gussenbauer (*Langenbeck's Archives*, Vol. 21-23), who replaced the mucous membrane by skin flaps taken from the cheek, and covering the defect thus produced by other flaps taken from the neck or chin, and doing, at the same time, a cheiloplasty of the already deviated mouth. This method is excellent, but has two faults; first, a difficult plastic at the angle of the mouth; second, the formation of extensive scars on the face.

Bardenheuer succeeded in overcoming all these objections, as will be seen by the following case: A girl, æt. 21 years, was treated, in 1888, by injections of gray oil for syphilitic ulcerations of the vulva. In the beginning of 1889, she was attacked by a marked and rapidly

spreading stomatitis ulcerosa, which, notwithstanding vigorous treatment, brought on extensive necrosis of the lower jaw, and a marked cicatricial contraction of the mucous membrane of the right cheek. On April 8, 1889, she was admitted to the hospital, and owing to extensive cicatricial bands between the gums and cheek of the upper and lower jaw on the right side, she could hardly open the mouth over 2 mm. Four teeth had been removed for caries, but the others were sound and the stomatitis was perfectly cured.

On April 20, Bardenheuer, by means of an incision 8 cm. long, parallel to the border of the lower jaw, removed the cicatricial bands, so that the mouth could be opened completely by a speculum. At the same operation he marked out a double pedicled flap, one bridge of which was on the right clavicle, while the other was in the direction of the ramus of the jaw and about 2 cm. from it. The wound along the border of the jaw was packed with gauze. On May 8, the flap was dissected away from the underlying tissue, and its lower bridge gradually cut away. This was completed May 15, when the flap was twisted on its upper pedicle and the granulations scraped off, when the flap was passed through the wound along the border of the jaw, drawn into the mouth and fixed in position by silk sutures which went entirely through the flap and cheek. The wound in the mouth had been freshened. The defect in the clavicular region was freshened and sewed. On June 4, the pedicle of the flap was cut through and sewn in the wound of the jaw, and the loss of the substance on the neck was covered by skin grafts according to Thiersch's method.

The wound along the angle of the jaw was completely healed July 26. During the whole course of the treatment much stress was put on the frequent cleansing of the mouth, and its frequent opening and dilatation by a Heister's speculum. Seven months after the operation the patient can open her mouth perfectly and separate the teeth over 2 cm. The only scar on the face is along the border of the jaw and is not adherent to the bone.

The patient can now be regarded as completely cured — *Deutsche Med. Woch.*, No. 8, 1890.